



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHARITABLE GAMING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR CHARITABLE GAMING VENDOR LICENSE INSTRUCTION SHEET

When to File

Organizations that sponsor charitable gaming events are allowed to use third-party vendors to supply equipment and workers for the events. The sponsoring organizations contract with the charitable gaming vendors on terms agreed to by the parties. However, charitable gaming vendor are not allowed to receive compensation based on a percentage of the proceeds from a charitable gaming event.

Responsibility of Charitable Gaming Vendor Officers

The officers of a Charitable Gaming Vendor business include all **owners, directors, partners, members, managers, investors and stockholders of the business** (Section 1.0 of the Board's [Rules and Regulations](#)). Each officer must complete a portion of this application, and is considered an applicant for the Charitable Gaming Vendor license. All officers are responsible for reporting events that take place after the application is filed or license issued.

Notice to Charitable Gaming Vendor Officers

Misrepresentation or failure to disclose information on this licensure application may cause the application to be rejected or licensure denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code. An arrest is not necessarily grounds for denial of a license. Do not misstate or omit any material fact on this application.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Charitable Gaming Vendor License](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- Enclose a copy of the business' current Delaware Business License from the Division of Revenue.
- Submit a [Certificate of Individual](#) form completed and signed by **each** officer of the business. Officers include each owner, director, partner, members, manager, investor or stockholder of the business.
 - The form included with this application may be copied. It is also available on the [Board's website](#).
 - Each officer must sign his or her own *Certificate of Individual* forms before a notary.
- Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal history records on each officer of the business.
 - Each officer must complete the *Criminal History Record Check Authorization* form included with the application and follow the instructions on the form to arrange to be fingerprinted. Submit the forms and payment to the State Bureau of Identification (SBI). Do **not** send these forms to the Board office!
 - **Allow at least four weeks for the SBI to send criminal history records to the Board office.**
 - All officers must meet this requirement even if they recently had a criminal background check done for some other reason.

- If an officer of the business does not have a U.S. SSN, he or she must complete and submit a [Request for Exemption from Social Security Number Requirement](#).
- The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

Reporting Changes

An officer of a Charitable Gaming Vendor is required to notify the Board office of the following events.

- Notify the Board office *in writing* within ten days of any change in the vendor's officers as defined above.
 - If the change involves new officer who has not previously submitted a *Certificate of Individual* form, the new officer must complete, sign and submit a *Certificate of Individual* form. The form is available on the [Board's website](#).
 - If the change involves a new officer who has not previously submitted State of Delaware and Federal Bureau of Investigation criminal background checks, the officer must complete the *Criminal History Record Check Authorization* form and follow the instructions on the form to arrange to be fingerprinted.

Example: A new corporate director is named. The new director must submit a *Certificate of Individual* form to the Board office and arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

- Notify the Board office *in writing* within three days after the arrest of any of the vendor's officers for any crime other than minor traffic violations.
- Notify the Board office in writing within ten days of any change in the status of the vendor's business license.

If the ownership of the business changes, a new application is required.

Example: The business is sold to new owners. The new owners must file a new application. As part of the new application, the new officers must submit *Certificate of Individual* forms to the Board office and arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks.

Renewing Licenses

Charitable Gaming Vendor licenses expire three years from the date they are issued. Several weeks before the license expiration, a notice will be mailed to the business' mailing address on file with the Division of Professional Regulation. Please keep the contact information for the business up-to-date so that notices we send will reach the business.

The notice will include instructions on how to renew the license. The renewal process will require:

- updated license application
- payment of the renewal fee
- copy of a current Delaware business license
- criminal background checks on all officers



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APPLICATION FOR CHARITABLE GAMING VENDOR LICENSE

TYPE OF APPLICATION

1. Select the description that applies to this application (check one):

I am applying for an **original** license.

I am applying to **renew** license number GV - _____ that expires on _____ Date.

2. Select the type of business (check one):

Sole Proprietorship

Partnership

Corporation

Other: _____

BUSINESS INFORMATION

3. Legal Name of Business: _____

4. Doing Business As (DBA), If Different Than Legal Name: _____

5. Business **Mailing** Address: _____

_____ City State Zip

6. Business **Physical** Address: _____

Street Address - No PO Box!

_____ Delaware State Zip

7. Business Phone: _____ Business Email: _____

8. Federal Employer Identification Number (EIN): _____ - _____

9. Delaware Business License Number: _____ Expiration Date: _____

Enclose a copy of the business' current Delaware Business License.

OFFICERS

10. Enter the following information about each officer of this business. **Officers include owners, directors, partners, members, investors and stockholders:**

Officer 1 Full Name: _____
First Middle Last Suffix

Check One: Owner Director Partner Member Investor Stockholder Other

Officer 2 Full Name: _____
First Middle Last Suffix

Check One: Owner Director Partner Member Investor Stockholder Other

Officer 3 Full Name: _____
First Middle Last Suffix

Check One: Owner Director Partner Member Investor Stockholder Other

Officer 4 Full Name: _____
First Middle Last Suffix

Check One: Owner Director Partner Member Investor Stockholder Other

If the business has more than four officers, enclose a separate sheet listing the required information for each additional officer.

11. Full Name(s) of Managers:

Manager 1 Full Name: _____
First Middle Last Suffix

Manager 2 Full Name: _____
First Middle Last Suffix

If the business has more than two managers, enclose a separate sheet listing the required information for each additional manager.

Submit a signed, completed and notarized *Certificate of Individual* from each officer and manager listed. In addition, arrange for the Board office to receive a State of Delaware and Federal Bureau of Investigation criminal history record on each officer and manager listed.

To ensure consideration of an application at a meeting, the Board office must receive all of these items **no later than** 4:15 p.m. ten full working days (excluding State and Federal Holidays) before the meeting date:

- Completed, signed and notarized application form, including all applicable *Certificates of Individual* forms.
- Non-refundable fee payment
- All other required documentation, including criminal history reports

AFFIDAVIT

STATE OF DELAWARE, County of _____

The applicant, being duly sworn, does depose and say that this application to operate as a licensed charitable gaming vendor is his/her act and deed and that the facts stated herein are true. The applicant agrees to notify the Board if the ownership of the business changes. The applicant agrees to notify the Board in writing, by filing the appropriate *Certificate of Individual* forms, within ten days of any change in the officers of the business of any change in the status of the company's business license. The applicant further agrees to notify the Board in writing within three days of the arrest of any officer (excluding minor traffic offenses).

Applicant Signature: _____ **Date:** _____

(If the business is a sole proprietorship, the person who signs this form must be the proprietor. If the establishment is a corporation, the person who signs this form must be a director of the corporation. If the establishment is a partnership or an unincorporated association, the person who signs this form must be a partner or member.)

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH CHARITABLE GAMING VENDOR

INSTRUCTIONS

Each officer of a charitable gaming vendor business applying for licensure must submit a [Certificate of Individual](#) form. Officers include each owner, director, partner, members, manager, investor or stockholder of the business (Section 1.0 of the Board's [Rules and Regulations](#)).

- Submit a completed, signed and notarized *Certificate of Individual* form.
- Enclose a copy of your driver's license or state-issued identification card.
- Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form in the application.

1. Name of Charitable Gaming Vendor: _____

2. Business **Physical** Address: _____

Street Address - No PO Box

_____ Delaware _____
City State Zip

3. Select your association with the charitable gaming vendor named in Question 1 (check all that apply):

- Owner Member Investor Director Manager Stockholder
 Partner Other: _____

4. Your Full Name: _____
First Middle Last Suffix

5. Other Names Used: _____
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

6. Date of Birth (month/day/year): _____ Gender: Male Female

7. Have you been issued a U.S. Social Security Number? Yes No If yes, enter SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

8. Driver's License or State-Issued ID Number: _____ State: _____

Enclose a copy of your driver's license or state-issued identification card.

9. Physical Residence Address: _____

Street Address - No PO Box!

_____ City State Zip

Notice to Charitable Gaming Vendor Officers

Misrepresentation or failure to disclose information on this licensure application may cause the application to be rejected or licensure denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code. An arrest is not necessarily grounds for denial of a license. Do not misstate or omit any material fact on this application.

Applicants who are denied licensure are prohibited from reapplying for a period no less than 12 months

DISCLOSURES

10. Have you engaged in the illegal use of controlled substances within the past two years? Yes No **If yes, submit a signed statement explaining fully, and continue with Question 11. If no, skip to Question 12.**
11. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes No
12. Have you *ever* been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon or expungement, in any jurisdiction? Yes No **If yes, submit a signed statement explaining fully.**
- Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form included with the application. *This requirement applies even if you answered "No" to this question.***
13. Has a criminal indictment, information or complaint *ever* been returned against you, in which you were not arrested or in which you were named as an unindicted co-party? Yes No **If yes, submit a signed statement explaining fully.**
14. Are you currently, or have you ever been, on parole or probation? Yes No **If yes, submit a signed statement explaining fully, including the charge(s), conviction(s), name of parole or probation officer, start and end dates, and city, county and state where probation is/was served.**
15. Have you *ever* engaged in any type of unlawful gambling or gambling enterprise? Yes No **If yes, submit a signed statement explaining fully.**
16. Have you *ever* been employed by, or associated with, any business or person connected in any way with an illegal gambling enterprise? Yes No **If yes, submit a signed statement explaining fully.**
17. Have you *ever* received treatment or counseling for a gambling problem or addiction? Yes No **If yes, submit a signed statement explaining fully, including the name of the treatment facility/physician, the dates of treatment, and the extent of the problem or addiction.**
18. Have you *ever* been barred, expelled or excluded from any racetrack, casino or gambling facility? Yes No **If yes, submit a signed statement explaining fully, including the name and location of the facility, the date of the incident, and the reason for the action.**

DUTY TO REPORT

20. As an officer of a Charitable Gaming Vendor business, do you understand that you are required to:
- Notify the Board in writing if the ownership of the business changes? Yes No
 - Notify the Board office *in writing* within ten days of any change in the vendor's officers? Yes No
 - Notify the Board office *in writing* within three days after the arrest of any of the vendor's officers for any crime other than minor traffic violations? Yes No
 - Notify the Board office in writing within ten days of any change in the status of the vendor's business license? Yes No

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the charitable gaming vendor named above, in the capacity indicated, and certifies that the facts stated herein are true.

Signature of Officer: _____ **Date:** _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DeIDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.

